



## Instructions for the External MRMSS Application Request Form (EMARF)

An original, signed External MRMSS Application Request Form (EMARF) is required for external users to gain access to the Office of Natural Resources Revenue (ONRR) Data Warehouse through the on-line portal. The ONRR Data Warehouse on-line portal is used to report electronically. **NOTE: YOU MUST SUBMIT A SEPARATE EMARF FOR 2014 REPORTING (PAYOR CODE) AND A SEPARATE EMARF FOR OGOR REPORTING (OPERATOR CODE).**

Please complete the EMARF according to the procedure below, print it, and obtain required signatures. You must read the ONRR Acceptable Use Policy and mark the box indicating you have read and understand your responsibilities. Mail the completed form to us at the address following these instructions.

Upon receipt, we will confirm all submitted information before approving and processing your request. This process usually takes two to three weeks.

After you receive your User ID and Personal Identification Number (PIN) e-mail, you must contact the Enterprise IT Service Desk to receive your account password. If you do not log in every 60 days, your password will become inactive and must be reset. After 90 days, your User ID will be deactivated and you must submit a new “Change User” EMARF to reinstate it.

**FILL in FORM ELECTRONICALLY, THEN PRINT and SIGN DOCUMENT PRIOR to SUBMISSION.**

EMARF Item	Instructions
<b>User Information</b>	Blacken the radio button that indicates your status as a user:  <b>New User</b> – If you have never had access to the ONRR Data Warehouse portal.  <b>Change User</b> – If you have access to the ONRR Data Warehouse portal and this application is for a name change or other user information change, enter your current User ID in the Current User ID blank.  <b>Delete User</b> – If you no longer need access to the ONRR Data Warehouse portal, enter your current User ID in the Current User ID blank.
<b>Legal Name</b>	Enter your Last name, First name, and Middle Initial as they appear on your birth certificate or passport.
<b>User Telephone Number</b>	Enter your daytime telephone number.
<b>User EMail Address</b>	Enter your electronic mail address so you can receive important information from us. If your e-mail address changes, you must submit a new “Change User” EMARF.
<b>Organization (Company Name)</b>	Enter the full name of the Company, Federal Agency, State Agency, or Tribe for whom you work. If you are a reporting agent for another company, you must submit a letter from them that authorizes your access to their data.

EMARF Item	Instructions
<b>User Mailing Address</b>	Enter your work mailing address, including internal routing information as appropriate, the street address or PO Box, city, state or province, and Zip or postal code.
<b>Industry</b>	<p>If you work for a company, you must provide at least one Payor Code or Operator Number. If your company will submit electronic Royalty and/or Production reports, please check <b>eCommerce Reporting</b>. If your company submits Solids P&amp;R reports, please check that box in addition to providing at least one Payor Code. Skip the next three boxes.</p> <p><b>NOTE: YOU MUST SUBMIT A SEPARATE EMARF FOR 2014 REPORTING (PAYOR CODE-MULTIPLE PAYOR CODES CAN APPEAR ON THE REPORTING 2014 EMARF) AND A SEPARATE EMARF FOR OGOR REPORTING (OPERATOR CODE-MULTIPLE OPERATORS CAN APPEAR ON THE OGOR EMARF).</b></p>
<b>Financial (Non-STRAC)</b>	If you are a financial auditor, complete either the State and County fields or the Tribe field.
<b>Compliance (STRAC)</b>	If you are a STRAC member, provide either a Tribe Name or a two-digit alpha State abbreviation.
<b>Federal</b>	If you are employed by another Federal Agency, please provide the name.
<b>External Auditor (DOJ, KPMG, OIG)</b>	If you are an external auditor for one of these organizations, check the appropriate box(es) for access to the ONRR Data Warehouse and/or the PeopleSoft financial system.
<b>User Signature</b>	After you read the ONRR Acceptable Use Policy, check the box indicating you have done so and agree to abide by it. If you do not check this box, your EMARF will be returned. Print the form, then sign and date it.
<b>Supervisor Name/Signature</b>	Either you or your supervisor must print their name and telephone number. Your supervisor must sign and date the completed form. If you do not have a supervisor, attach a statement of explanation.
<b>Questions?</b>	If you need assistance to complete this form, please contact the Enterprise IT Service Desk at 877-256-6260.

Mail the original, completed, signed form to this address (do NOT use overnight delivery):

Denver Federal Center  
Office of Natural Resources Revenue  
IT Help Desk MS 3753  
PO Box 25165  
Denver CO 80225-0165

**Important!** Please ensure all required fields outlined in **RED** are completed.  
Be sure to print form prior to adding signatures (electronic signatures are not accepted at this time).  
After printing and signing the form, submit to the Enterprise IT Service Desk at the address above.

Incomplete or inaccurate forms will be rejected. If you are signing as both User and Supervisor you must submit proof of the veracity of these roles.



## External MRMSS Application Request Form (EMARF) Data Warehouse Portal

### USER INFORMATION

 New Account Modify Existing Account Delete User Account

If "Modify Existing" is selected, enter current User ID

Last Name

First Name

Middle Initial

E-Mail Address

Telephone

Mailing Address Number and Street

Organization (Company Name)

City

State

ZIP Code

<b>Industry</b>	_____ -OR- _____	<input type="checkbox"/> Check if eCommerce Reporting
	Payor Code Operator Number	<input type="checkbox"/> Check if Solids P&R Reports Submitted

<b>Financial (Non-STRAC)</b>	State: _____	County: _____	Tribe: _____
	2 Digit Alpha	Full Name	Name & Dist. Code

<b>Compliance (STRAC)</b>	Tribe Name (202 Agreement): _____	State Code (205 Agreement): _____
CPT (STRAC User) Role: _____	Office: _____	
CIM (STRAC User) Role: _____	Sub-Office: _____	
Solids CPT (STRAC User) Role: _____		

<b>Federal</b>	_____	If Other, please specify bureau: _____
	Bureau	

<b>External Auditor</b>	_____	<input type="checkbox"/> Data Warehouse Portal	<input type="checkbox"/> PeopleSoft
	(Examples: DOJ, KPMG, OIG)		

<b>Comments:</b>
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1. I understand that the Office of Natural Resources Revenue (ONRR) systems are subject to monitoring and that I have no expectation of privacy regarding my use of the system or data within the system.
2. I am responsible for the protection and use of my user credentials (User IDs and Passwords). It is forbidden to share user credentials.
3. I will not introduce additional functionality, attempt to alter functionality, or add external applications into the ONRR system environment.
4. I will not introduce malicious software (viruses, Trojans, worms, (etc.) into the ONRR system environment.
5. I will handle sensitive/proprietary data appropriately and understand that this information is not to be exchanged, divulged, or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act or Trade Secrets Act to unauthorized individuals.
6. I am responsible for protecting the integrity of the system environment by preventing the unauthorized alteration, damage, unauthorized destruction, and/or tampering with information. My access, use of the system, and its output is restricted to authorized use only and must be used for its ONRR intended function only.
7. Once access to the ONRR system is no longer required, I or the supervisor will contact the Help Desk immediately and notify them to delete my User ID from that system.
8. If I am aware of a security breach (password sharing, use of unauthorized software), I will immediately notify the Help Desk.

I have read, understand, and will comply with the detailed ONRR Acceptable Use Policy found at [http://www.onrr.gov/PDFDocs/ONRR\\_External\\_User\\_Acceptable\\_Use\\_Policy.pdf](http://www.onrr.gov/PDFDocs/ONRR_External_User_Acceptable_Use_Policy.pdf). By signing this form, I understand that if I violate any portion of the ONRR Acceptable Use Policy, my access may be revoked and/or possible criminal prosecution. I confirm that the information provided above is accurate and complete and that I have not knowingly or deliberately misrepresented any information.

User's Signature: \_\_\_\_\_ 9/24/14

Supervisor's Signature: \_\_\_\_\_ 9/24/14

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Supervisor's Name (Printed) Supervisor's Phone Number Supervisor's E-mail Address